



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 078400004

CITY OR TOWN NEW MARLBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD INN on green ,llc

DOING BUSINESS AS THE OLD INN ON THE GREEN

ADDRESS NORTH RD., RTE 57

CITY/TOWN: NEW MARLBOROUGH STATE: MA ZIP CODE: 01230

MANAGER: platt, peter

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 ROOMS ON FIRST FL., 2 DINING ROOMS, PARLOR, TAVERN AND STORAGE IN CELLAR  
AND A PATIO 20'X40'. THE ENTRANCE AND EXIT ARE BOTH ON THE VILLAGE GREEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 078400007

CITY OR TOWN NEW MARLBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAVID E. HERRICK

DOING BUSINESS AS MILL RIVER STORE

ADDRESS MAIN STREET

CITY/TOWN: NEW MARLBOROUGH STATE: MA ZIP CODE: 01244

MANAGER: HERRICK, DAVID TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
E.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. WITH BASEMENT. PACKAGE STORE AREA AND 2 ROOMS IN REAR  
FOR STORAGE AND BASEMENT.

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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LICENSE NUMBER: 078400014

CITY OR TOWN NEW MARLBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD IN ASSOCIATES, INC

DOING BUSINESS AS MEPAL MANOR

ADDRESS 100 STONE MANOR DRIVE

CITY/TOWN: NEW MARLBOROUGH STATE: MA ZIP CODE: 01230

MANAGER: WAGSTAFF,  
BRADFORD

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR AND 8 BY 50 FOOT TERRACE, SOUTH SIDE PORCH ON SECOND FLOOR AND  
QUARTER ACRE LAWN TO THE WEST

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 078400015

CITY OR TOWN NEW MARLBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD INN ASSOCIATES, INC

DOING BUSINESS AS GEDNEY FARM

ADDRESS 34 HARTSVILLE RD

CITY/TOWN: NEW MARLBOROUGH STATE: MA ZIP CODE: 01230

MANAGER: WAGSTAFF,  
BRADFORD

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOWER LEVEL DINING, LOUNGE, KITCHEN, STORAGE MAIN FLOOR DINING AND  
STORAGE. MEZZANINE LEVEL DINING AND STORAGE; 7500 SQ FT OF LAWN TO THE EAST  
OF THE BARN; 5000 SQ FT OF COURTYARD TO THE SOUTH OF BARN

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 078400016

CITY OR TOWN NEW MARLBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD INN AT SOUTHFIELD STORE LLC

DOING BUSINESS AS

ADDRESS 163 NORFOLK ROAD

CITY/TOWN: NEW MARLBOROUGH STATE: MA ZIP CODE: 01259

MANAGER: PLATT, PETER TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FL. DINING, KITCHEN, RETAIL STORE AREA, BASEMENT, STORAGE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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